

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark 1-19-16	Date Received	Notification # 2060203 47073		
I. Type of Notification (O=Original R=Revised C=Canceled) O					
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Nucor Steel of Auburn					
Address: 25 Quarry Rd.					
City: Auburn	State: NY	Zip: 13021			
Contact:	Tel: 315-253-4563				
REMOVAL CONTRACTOR: Marclean Inc. DBA Ultraclean Environmental					
Address: 200 Waring Rd.					
City: Syracuse	State: NY	Zip: 13224			
Contact: Michael Harper	Tel: 315-478-2278				
OTHER OPERATOR: NA					
Address: NA					
City: NA	State: NA	Zip: NA			
Contact: NA	Tel: NA				
III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D					
IV. IS ASBESTOS PRESENT? (Yes/No) Yes					
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Nucor Steel (Exterior of building)					
Address: 25 Quarry Rd.					
City: Auburn	State: NY	County: Cayuga County			
Site Location: 25 Quarry Rd.					
Building Size: 9,750 SF	# of Floors: 1	Age in Years: 25			
Present Use: Industrial	Prior Use: Industrial				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Sampling & Testing Of All Areas Inside The Work Area.					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area				Sq Ft:	Sq M:
Vol RACM Off Facility Component	8 SF	NA	NA	Cu Ft: NA	Cu M: NA
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/2/16				Complete: 4/2/16	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/2/16				Complete: 4/2/16	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Utilize NYS Code Rule 56-11.6 (Procedures For Non Friable Exterior ACM Calking Removal)

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Wet Removal Practices

XII. WASTE TRANSPORTER #1

Name: Morgan Rubbish Removal

Address: 6948 Herman Rd.

City: Syracuse

State: NY

Zip: 13209

Contact Person: Steve Morgan

Tel: 315-303-5053

WASTE TRANSPORTER #2

Name: NA

Address: NA

City: NA

State: NA

Zip: NA

Contact Person: NA

Tel: NA

XIII. WASTE DISPOSAL SITE

Name: Seneca Meadows Inc.

Address: 1786 Salcman Rd.

City: Waterloo

State: NY

Zip: 13165

Tel: 315-539-5624

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: NA

Title: NA

Authority: NA

Date of Order (MM/DD/YY): NA

Date Ordered to Begin (MM/DD/YY): NA

XV. FOR EMERGENCY RENOVATIONS: NA

Date and Hour of Emergency (MM/DD/YY): NA

Description of the sudden unexpected event: NA

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:
NA

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop all work. Make site safe. Take Procedures to follow code rule 56. Use of wet removal.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

(Signature of Owner/Operator)

1/18/16

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

(Signature of Owner/Operator)

1/18/16

(Date)